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Bib Data Sheet

CONFIRMATION NO. 7789

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|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>09/727,466 | <b>FILING OR 371(c) DATE</b><br>12/04/2000<br><b>RULE</b> | <b>CLASS</b><br>375 | <b>GROUP ART UNIT</b><br>2611 | <b>ATTORNEY DOCKET NO.</b><br>2540-375 |
|------------------------------------|---|---------------------|-------------------------------|--|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

➤ This application is a CIP of 09/294,591 04/20/1999 PAT 6,377,629 which is a CIP of 08/744,629 11/06/1996 PAT 5,926,509 which is a CIP of 08/741,697 10/31/1996 PAT 6,150,997 which is a CIP of 08/219,979 03/29/1994 PAT 5,576,723 and said 08/744,629 11/06/1996 claims benefit of 60/010,741 01/29/1996 and is a CIP of 08/660,076 06/03/1996 PAT 6,184,919 which is a CIP of 08/177,442 01/05/1994 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

Non P

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 01/02/2001

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|--|-------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>AL | <b>SHEETS DRAWING</b><br>7 | <b>TOTAL CLAIMS</b><br>10 | <b>INDEPENDENT CLAIMS</b><br>1 |
| 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met |                               |                            |                           |                                |
| Verified and Acknowledged <i>Young &amp; S</i>   | <b>Examiner's Signature</b>   | <b>Initials</b>            |                           |                                |

**ADDRESS**

42624

**TITLE**

Twisted pair communications line system

|                                   |   |   |
|-----------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>840 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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